



INFORMATION TECHNOLOGY SPECIALIST 3

\$3,540 – 4,531 per month (range 54)

Opens: November 7, 2006

Closes: Open Until Filled

LOCATION: There is one opening in Lacey (34.4) with the Information Services Division of the Washington State Health Care Authority. This is a permanent, full-time, non-overtime-eligible position that is not covered by a union bargaining agreement.

WHO MAY APPLY: This recruitment is open to anyone who meets the **REQUIRED QUALIFICATIONS**.

DUTIES: Independently performs web scripting and web application programming. Independently troubleshoots failed production jobs for restart and/or escalation to high-level support. Modifies programs per specifications for corrections and enhancements using 3GL such as Natural, DYL 280, etc. Designs, develops, and maintains databases in MS Access, Oracle, and SQL. This includes building applications, writing scripts, creating reports, and forms. Mentors and trains other IS staff in web technology. Serves as back up for Database Administrator in duties such as perform daily server backup, troubleshoot and restart scheduled tasks, and help user in data processing. Provides end user (HCA staff) support and training. Designs letter forms for mainframe printing.

REQUIRED QUALIFICATIONS:

One or more years experience:

- Programming, encoding, debugging (e.g., ASP, C#, PERL, JavaScript, CSS)
- Custom Applications: developing and maintaining custom applications using a programming language (e.g., C#, COBOL, JAVA, VB, .NET, Natural).

Six or more months experience:

- **Applications, Tools & Utilities:** Using Microsoft technologies (e.g., Visual Studio .NET, Microsoft SQL Server, and IIS) and understanding network infrastructure as its related to applications deployment.
- **Queries:** Writing database queries.
- **Technical Writing and Documentation:** Creating a variety of technical documents, reports and manuals for a wide range of uses.
- **Training:** Completion of documented training in database administration including installation, testing, analysis, tuning or performance monitoring or six months of experience performing such.

In addition candidates must be willing and able to:

- Multi-task
- Mentor and train others
- Prioritize and meet deadlines
- Work independently and effectively in a team.
- Learn and support mainframe legacy system using Job Control Language and ADABAS Natural programming language.
- Attend work on a regular basis; 40 hours per week.
- Occasionally work over 40 hours per week and outside of standard business hours and on a call-back basis.

APPLICATION PROCEDURE: Applications will be considered as they are received.

Interested candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience, including, dates, and length of experience in each of the areas listed in the Required and Desired Qualifications section;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A list of a minimum of three employment references, two supervisors and one peer ;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia, WA 98504-2698	hrmb@hca.wa.gov Please use: <u>Information Technology Specialist 3</u> in the subject line Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

NOTE: A photocopy of this information shall be as valid as the original.

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

Aleut	Cambodian	Filipino	Hispanic	Korean	Spanish
Asian	Chinese	Guamanian	Indian	Laotian	Vietnamese
Black	Eskimo	Hawaiian	Japanese	Latino(a)	White

Other Race (specify indicate race or culture): _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

Multi-Racial _____
(Affirmative Action Preference)

2. Are you: Male Female

3. Have you ever been on active duty in the U.S. Armed Services? Yes (if checked, see 3a and 3b) No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? Yes (____ %) No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? Yes No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? Yes No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.